

MAR 11 2002

Note: This is a sample  
template, it is not  
an OMB approved  
form.

**Universal 911 Dialing- First Transition Report**

Please read instructions before completing

**Section 1****Carrier Identification Information****Parent Company Name**

Darlen Telephone Company, Inc.

**Service Provider Name**

Darlen Telephone Company, Inc.

**Company Address, City, State, Zip**

Post Office Box 575

1011 North Way

Darlen, Georgia 31305

**Service Provider Type**

ILEC

Wireless

☒ Wireline**Name(s) of Wireless License Holder(s)****Contact Name**

Ken Johnson

**Contact Tel #**

912-437-6615

**Fax #**

912-437-3499

**E-mail Address**

kenj@darlental.net

**Section 2****Local Area 911 Implementation**

List all individual local areas covered by this report (e.g., Lee County, Virginia):  
McIntosh County, Georgia

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

McIntosh County Sheriffs Department (912)-437-6622 (Tentative)

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

The transition for the routing of the 911 calls should not be a problem with the available technology at the Darien Telephone Company. The primary concern is the direction of the call, and who the proper authorities designate as the recipient of these calls. Darien Telephone is committed to working with the County Commissioners, Sheriffs Department, Local EMT's, and the Emergency Management Personnel in McIntosh County to facilitate the routing of the 911 calls to the proper entity.

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

Darien Telephone will attempt to complete the 911 Call Routing by July 31, 2002. However, this date is contingent on the proper authorities designating the terminating number in a timely manner. The actual work involved at Darien Telephone will require a minimal amount of time.

### Section 3

#### 911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

None.

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

None.

## Section 4

Certification - To be signed by an authorized representative of the reporting entity

X I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of \_\_\_\_\_.

Signature



Printed name of authorized representative Ken Johnson

Title Regulatory and External Affairs Manager

Date March 7, 2002

This filing is: ☒ original filing ☐ revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.